



August 2012

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**Newsletter
roundup**

Heart Improvement Programme news

National Heart Forum e-briefing

Primary care and cardiovascular news

British Heart Foundation news

Stroke Association news

Highlight report

Senior responsible officer - Lucy Grothier
Director, South London Cardiovascular and Stroke Network

Give your views on improving cardiovascular disease

A new cardiovascular disease outcomes strategy is planned by the government to set out what is needed to improve patient outcomes - from prevention, through to diagnosis and treatment, long-term support and end-of-life care. The primary focus will be on conditions causing, or resulting from, atheromatous disease of the arteries. A range of other conditions will also be considered, such as arrhythmias and heart failure. Given there is no new funding available for the strategy, the development will look at how existing resources can be used better to deliver the changes needed. [Contribute your views and ideas](#). Individual or collective responses are welcome. Closing date is 28 September. [Read here](#).

Network at Heart Rhythm Congress

Project manager for the South London Cardiovascular Network, Gillian Wilson, will be presenting on the success of the Sutton and Merton GRASP AF work at the [Heart Rhythm Congress](#), 23-26 September.

Free conference for practice nurses

Practice nurses can apply for funded registration at the UK cardiovascular disease conference [Issues and answers in cardiovascular disease: applying the evidence in primary care today](#), 16-17 November, Warwick. Places are limited and allocated on a first-come, first-served basis. To apply contact jboyle@sherbournegibbs.co.uk

St George's has best heart attack survival rate

A report published by London Ambulance Service (LAS) shows that the catheter lab at St George's Hospital, Tooting, is achieving the best survival rates in London. St George's Hospital is one of eight designated Heart Attack Centres in the capital, home to a state-of-the-art catheter lab which is used to perform lifesaving angioplasty for patients suffering cardiac arrest and other serious heart conditions. 72.4% of patients suffering from cardiac arrest who were brought directly to the catheter lab at St George's Hospital survived, according to the Cardiac Arrest Annual Report 2011/12. The overall survival rate for patients taken to any Heart Attack Centre in London was 63.3%. The Heart Attack Centre at St George's Hospital was also acknowledged as having the best response rate for treating heart attack patients in London in the 2012 Myocardial Ischaemia National Audit Project (MINAP), published by the Royal College of Physicians.

British Heart Foundation partners with primary care

British Heart Foundation has partnered with British Journal of Primary Care Nursing and Primary Care and Cardiovascular Journal in its support of primary care health professionals to enhance patient outcomes in cardiovascular disease. Access to educational programmes and other initiatives for GPs and practice nurses will be provided. Further reading about British Heart Foundation for [GPs](#) and [nurses](#).

Thoracoscopic epicardial radiofrequency ablation for atrial fibrillation.

In thoracoscopic epicardial radiofrequency ablation, selected areas of the heart are destroyed using heat, with the aim of preventing the occurrence or conduction of abnormal electrical activity. The procedure is done through small incisions in the chest and using a camera.

Percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation for atrial fibrillation

In percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation, selected areas of the heart are destroyed using heat, with the aim of preventing the abnormal electrical impulses responsible for atrial fibrillation. The procedure is carried out through a special catheter which is inserted into the lower chest area and guided to the outer part of the heart.

Percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation for ventricular tachycardia

In percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation selected areas of the heart are destroyed using heat, with the aim of preventing the occurrence or conduction of abnormal electrical activity. The procedure is done through a special catheter which is inserted into the lower chest area and guided to the outside of the heart.

Percutaneous laser revascularisation for refractory angina pectoris

Percutaneous laser revascularisation involves insertion of a catheter into major vessels of the groin, which is advanced to the heart, to drill holes on the heart muscle using a laser beam. The aim is to enable blood flow from the heart chambers into the heart muscle, to relieve myocardial ischaemia and reduce chest pain.

Percutaneous pulmonary valve implantation for right ventricular outflow tract dysfunction

Using a catheter to implant an artificial valve is an alternative to further open heart surgery – it is a less invasive procedure, because it does not involve opening up the chest. In this procedure, the replacement valve is implanted through a catheter (a narrow tube), which is inserted through the skin and >>>

>>> into a large vein in the groin and then into the pulmonary artery. The replacement valve is implanted within a wire mesh tube called a stent. The Interventional Procedures Advisory Committee has considered this procedure and NICE has now issued a consultation document about its safety and efficacy. This has been issued for 4 weeks' public consultation (until 5pm on 18th September). Comment on the consultation.

Lower limb peripheral arterial disease

This clinical guideline offers evidence-based advice on the diagnosis and management of lower limb peripheral arterial disease.

Diagnosis and management of lower limb PAD

Peripheral arterial disease is a common condition, affecting 3% to 7% of people in the general population and 20% of people over the age of 60, in which the arteries carrying blood to the legs and feet become narrowed or blocked. GPs should make an early diagnosis of peripheral arterial disease (PAD) by performing an ankle brachial pressure index measurement, as NICE sets out new guidelines on the diagnosis and management of lower limb PAD. Despite the relatively high incidence of PAD, recognition and treatment of the disease varies across England. The latest recommendations aim to resolve the considerable uncertainty and variations in practice and improve outcomes for patients.

Starting exercise in middle age benefits heart

New research published in '[Circulation](#)' suggests middle aged people who perform a sufficient amount of exercise each week can reduce the risk of heart problems. The study of 4,000 people revealed that those who did the recommended 2.5 hours of exercise a week had lower levels of inflammatory markers in their blood. The findings also show it is never too late to take part, with people who make the switch in their 40s and 50s still reaping the benefits. Lower levels of inflammation were also found in people who had only started doing the recommended exercise when they were well into their 40s, compared to those who said they never did enough exercise. Researchers also took factors such as obesity and smoking into consideration and found the findings remained unchanged.

NHS London's Olympic health legacy

NHS London has been working with a variety of partners to harness the magic of the Olympics to get London fitter as part of 'Go London', the drive to deliver a health legacy from the 2012 Games. NHS London, working with healthcare professionals, has trained more than 300 of the capital's GPs and other healthcare professionals in a project known as 'My Best Move' aimed at people over the age of 55 with longer term conditions such as physical or mental health difficulties, cardio vascular disease and diabetes, to get London moving. Sixteen of the practices were from south London. My Best Move isn't confined to just sport, it also encourages GPs to prescribe other physical activities as part of their treatment of willing patients such as dancing, walking and cycling.

Update: cardiac rehabilitation

The Network is working together with NHS Bromley and NHS Greenwich to progress their plans for cardiac rehabilitation.

Update: commissioning

The Network continues to work with NHS Bromley and NHS Bexley to assist with development of their community cardiology service.

Chest pain, reperfusion and revascularisation meetings

Chest pain and community cardiology will be the focus for the next chest pain and revascularisation meeting on 13 September at the [Network offices](#). Contact sara.nelson@slcsn.nhs.uk if you would like to join the group.

Heart failure

If you would like any information about heart failure work please contact



NHS Health checks / Prevention

Prescribing

The South London Cardiovascular and Stroke Network works together with NHS organisations in south London to produce prescribing guidance and position statements which are published on the [Network's website](#).

- [Novel oral anticoagulants](#) have a new webpage to update on progress of work in this area, including a [novel anticoagulant position statement](#).

- [Dabigatran prescribing guidance](#)

Work is being developed to produce prescribing 'frequently asked questions', shared care protocol and bleeding guidance.

Next pharmacy working group meeting is on 11 September, 15.00-16.30, contact helen.williams11@nhs.net.

Next cardiac prescribing forum is on 26 September, 13.00-15.00, contact

Cardiac

events >>>

stroke >>>

Stroke

In-patient guidance for stroke patients with diabetes

NHS Diabetes has published [guidelines for enteral feeding](#) of stroke patients with diabetes in partnership with the Joint British Diabetes Societies for inpatient care, [TREND UK](#), [Diabetes UK](#), [Diabetes Inpatient Specialist Nurse UK Group](#) and [Association of British Clinical Diabetologists](#). When in-patients with diabetes, who have had a stroke, are fed by the enteral route, the management of hyperglycaemia should be balanced against the risk of hypoglycaemia. Hypoglycaemia during the rest period between feeds is potentially life-threatening and close monitoring of the patient is recommended at all times.

Next acute stroke work stream meeting

Acute work stream meetings are on 14 September at 10.00-12.00 for south east London and 17 September at 14.30-16.30 for south west London. Both meetings are held at the [Network office](#).

Results for stroke improvement national audit programme

The stroke improvement national audit programme is a clinical audit that takes place all year round, which collects information from hospitals about the care provided to stroke patients for the first three days they spend in hospital. The audit, commissioned by the Healthcare Quality Improvement Partnership, is carried out on behalf of the Intercollegiate Stroke Working Party. [Quarter 1 results](#) and [summary of report](#) reflect the care of patients admitted between April and June 2012.

**professional development
resources****[Diabetes and CVD Update](#), 26 September 2012**

For GPs to get up-to-date with the latest guidance, evidence and controversies surrounding the diagnosis and management of patients with diabetes and CVD. Expert speakers will offer practical advice and tips on topics including:

- how to prepare for mass diabetes screening of all over-40s, as recommended in draft NICE guidance branded by the GPC as 'beyond the capability' of most practices'
- latest guidance on when to use ivabradine in heart failure
- when and how to use different anticoagulants in atrial fibrillation
- where the newer diabetes drugs fit in

[Management of Hypertension in primary care](#), University of Birmingham, 11-14 February 2013, £500; 4 day MSc level module aimed at GP's, practice nurses and other health care professionals working in a related field to cover epidemiological overview, measurement of blood pressure, factors controlling or raising blood pressure, organ damage of hypertension, CVD risk assessment, evidence based treatment, QOF and protocol development and referral pathways.

[Management of Heart Failure in primary care](#), University of Birmingham, 26 February–1 March 2013, £500; 4 day MSc level module aimed at GP's, practice nurses and other health care professionals working in a related field. To cover anatomy, physiology and function of the heart, echocardiogram, epidemiology and definition of heart failure, investigations, treatment, lifestyle, managing related clinical events, palliative care and the role of the specialist heart failure practitioner.

British Society for Heart Failure

15 Annual Autumn Meeting - "Heart failure, a multi-disciplinary approach", 29-30 November 2012, Queen Elizabeth II Conference Centre, London. Further information about this two day event including AGM, and registration details are available from the [BSH website](#).

BACPR annual conference

http://www.bacpr.com/pages/event_detail.asp?EventID=897

Conference this year is called 'Setting the Standards: Challenges and Achievements' on 4-5 October, John McIntyre Conference Centre, Edinburgh University. Visit [BACPR](#) or email bacpr@bcs.com.

Diabetes inpatient network annual conference

An [NHS Diabetes event](#) to showcase the 2011 national diabetes inpatient audit results on 19 October, 9.30am-4pm, London, to feedback on the full national diabetes inpatient audit 2011 results, exploring how to improve and implement results going forward, preparing for the next audit cycle and using workshops to improve future audits and engagement with commissioners.

Network diary dates

Pharmacy working group, 11Sept, 15.00-16.30

Pan-London stroke rehab, 13 September, 09.00-11.00

Chest pain and revascularisation, 13 September, 09.30-11.00

South east London acute stroke work stream, 14 September, 10.00-12.00

South west London acute stroke work stream, 17 September, 14.30-16.30

Cardiac prescribing forum, 26 September, 13.00-15.00

Stroke Unit competencies, 27 September, 10.00-12.00

Industry working group, 14 Nov, 10.00- 12.00

Network contacts

- For **cardiac** meetings contact sara.nelson@slcsn.nhs.uk
- For **vascular** meetings contact lorna.donegan@slcsn.nhs.uk
- For **stroke** meetings contact helen.okelly@slcsn.nhs.uk
- For **prescribing** and **industry** meetings contact helen.williams11@nhs.net

Information requests

Contact info@slcsn.nhs.uk if you cannot find what you are looking for on the [Network website](#).

South London Cardiovascular and Stroke Network

Senior responsible officer:

Lucy Grothier, Director

Circulation: NHS South East London and NHS South West London

Report for period: 1-31 August 2012